

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-11-2003 90054 014 \*\*\*150.00  
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DOCUMENT # F94000003763

1. Entity Name  
E.T. JONES ENTERPRISES, INC.



FILED

03 OCT 23 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
475 LEWISTON RD  
GROVETOWN GA 30813

Mailing Address  
475 LEWISTON RD  
GROVETOWN GA 30813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1460791

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and site if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME TD  
JONES, LYDIA A  
STREET ADDRESS 468 DICKSON DR  
CITY-ST-ZIP EVANS GA 30809 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME S  
COX, PATRICIA A  
STREET ADDRESS 56 PRIDE AVENUE  
CITY-ST-ZIP GRANITEVILLE SC 29829 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME P  
JONES, EDWARD L  
STREET ADDRESS 3893 PARADISE ROAD  
CITY-ST-ZIP WRENS GA 30833 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03  
Date

706-863-1666  
Daytime Phone #

CR2E034 (4/03)

Attachment 90134954  
PO2000125064  
**Scripps Newspapers, Inc.**

1530 Grove Terrace  
Winter Park, FL 32789  
Phone (407) 599-3975  
Fax (407) 599-3976

May 9, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the 2003 For Profit Corporation Uniform Business Report for Scripps Newspapers, Inc. I am respectfully requesting a waiver of the late penalty, as I did not receive any kind of notification that this was due May 1<sup>st</sup>. Enclosed you will find a check for \$150.00.

Sincerely yours,



Barry Scripps